That is to say cases occurred more frequently among the workmen in the early and late life than among the upper classes. Syphilis was present in 53.6 per cent of the upper classes, and in 43 per cent of the workmen. This is probably due to the fact that the latter class paid less attention to their symptoms. Among the non-tabetic cases of nervous disease syphilis was present in 5.5 per cent among the workmen. Of the other etiological factors there are neuropathic heredity in 15.3 per cent, alcohol in 7.3 per cent, and thermic influences in 4.1 per cent. Sarbó discusses certain arguments that have been brought forward against the syphilitic nature of tabes, and calls attention to the fact that tertiary syphilis is even rarer than tabes, and that the disease is not especially uncommon among women. In 60 per cent of all cases of tabes, marriage was either unfruitful or there were abortions. The time at which syphilitic infection preceded the development of the symptoms varied from one to thirty years. It varied from six to twenty years in 75 per cent of the cases. The wives of five men suffering from tabes had probable tabes in one case, certain tabes in two cases, tertiary syphilis in one, and cerebral syphilis in one. Two husbands suffering from general paralysis had tabetic wives. Sarbó gives a valuable table of the early symptoms of tabes, the most common being the lancinating pains in 67.5 per cent; next common, diplopia in 3.6 per cent; dyspnea and some disturbance of hearing, ptosis and Argyll-Robertson pupil occurred in 12 per cent. Decoloration and atrophy of the eyegrounds occurred in 71 per cent of the cases during the first five years. He gives another table of the symptoms of the advanced stage of the disease, from which we find that his own sign: analgesia of the peroneus nerve, is present in 85.5 per cent.

9. *Patellar Reflexes in High Transverse Myelitis.*—Bàlint performed five experiments upon rabbits and cats in order to determine the effect upon the reflexes of section of the cord. He found that if he used a thin-bladed knife for the section, the reflexes could be elicited immediately after it was made; if a thicker blade was used the time of their appearance was delayed for several minutes, and when crushing force was employed several days elapsed. In seven cases he extirpated the cerebellum. There was more or less prolonged absence of the reflexes. In one case seven days. The muscles were atonic and if the animal lived the reflexes gradually returned. Unilateral extirpation indicated that the cerebellum influences the muscles on the same side. He noted in these experiments that the corneal reflex disappeared on the same side as the extirpated cerebellar hemisphere. Another series of experiments was also made to determine whether histological changes occurred in the lumbar region after crushing the spinal cord at a higher level, which would explain the disappearance of the reflexes. In four cases there were distinct although not extensive degenerative changes in the large lumbar nerve cells. In three cases there was degeneration in the posterior columns evidently secondary to degeneration of the posterior roots. He concludes that separation of the lumbar cord from the upper cord, particularly the centrifugal tracts of the cerebellum, influences reflex activity unfavorably by diminishing muscle tone. As a result of this even a slight secondary involvement of the reflex tracts is sufficient to cause the reflexes to disappear.

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REVUE DE PSYCHIATRIE ET DE PSYCHOLOGIE EXPERIMENTALE

(Vol. 7, 1903, No. 3, March.)

1. Three New Theories of Hysteria. HENRI COLIN.
2. A Case of Juvenile General Paresis with Microscopical Examination. L. MARCHAND.

1. *Hysteria.*—This article is an examination of the work of Babinski, Grasset, and Bernheim and concludes with a statement of the authors own ideas on the subject. Babinski concludes that the characteristics common to all laws of hysteria are (1) the possibility of their reproduction by suggestion with rigorous exactitude in certain subjects; (2) their disappearance under the exclusive use of persuasion. He uses the word suggestion however in an exact sense. Rather than in accordance with the loose custom of including under it anything which might influence the hysterical, he attaches to the word a precise meaning implying a bad or unreasonable idea. On this basis he constructs the following definition of hysteria: "Hysteria is a psychical state rendering the subject capable of autosuggestion. It is manifested principally by primitive disorders and accessorily by secondary disorders. The primitive disorders are characterized by their possibility of reproduction by suggestion with rigorous exactitude in certain subjects and their disappearance under the exclusive use of persuasion. The secondary disorders are characterized by being strictly subordinate to the primary." This definition immediately brings up the idea of hypnotism which he defines as follows: "Hypnotism is a psychical state rendering the subject susceptible of suggestion from others. It manifests itself by phenomena that suggestion brings into existence, that persuasion causes to disappear, and that are identical with the accidents of hysteria." The disorders of hysteria are, therefore, due to autosuggestion; hypnotic states result from others' suggestions; hysteria is active, the hypnotic state passive.

Grasset divides psychic life into two parts, both of which have their centers in the cortex. The intellectual functions, consciousness he calls the superior psychism: the spontaneous, unconscious, automatic acts he refers to the inferior psychism. The polygon of the inferior psychism or the superior automatic centers is made up of the sensory and motor centers connected with one another and also with the environment and with the superior psychism. All psychic acts are therefore conscious or unconscious according as the superior psychism is or is not a participant. Somnambulism, automatism, etc., are then explained by a subpolygonal disaggregation, that is, a suppression of communications from the superior to the inferior psychism. Thus he says hysteria is not a mental, but a psychic disease, mental referring to the superior psychism while psychic includes both superior and inferior. The hysteric always has disorders of the inferior psychism if at the same time the superior psychism is involved, the hysteric is alienated.

Bernheim defines the hysterical crisis as "the exaggeration of an ordinary phenomenon of psycho-physiological order." All are to an extent hysterics, as witness the effects of fright, anger, etc., upon many persons, producing epigastric constriction, accelerated heart, congestion of the face, trembling, etc. Often are added speechlessness, paralysis, vomiting, and other symptoms identical with hysteria. These symptoms in some may be much exaggerated and such are hysterics, that is, they have a hysterogenic nature well developed and easy to bring into action. Hysteria is then brought into existence by many causes, moral and physical. It may be brought out by arterio-sclerosis, chorea, epilepsy, traumatism and its manifestations, general or local, and may persist after the cause has disappeared.

The author concludes with a criticism in which he rejects the theories of Grasset and Bernheim, but accords value to that of Babinski for diagnostic purposes in difficult cases and for treatment.

2. *Juvenile General Paresis.*—The case was that of an eighteen year old boy. No history of syphilis could be obtained. The mental symptoms were those of simple deterioration and had to be differentiated from demen-

tia præcox and imbecility. Symptomatically the motor signs were not well marked. The microscopic findings were essentially the same as those found in adult cases of paresis.

(Vol. 7, 1903, No. 4, April.)

1. Experimental Researches on the Emotions. MARCHAND.
2. The Feeling of the Already Seen and the Illusion of False Memory. MICHEL LÉON-KINDBERG.

1. *Experimental Researches on the Emotions.*—The author undertakes an experimental study to establish the truth or falsity of the James-Lange theory of emotions, viz., that they follow upon physiological changes and are the feelings produced by these changes. According to this theory we are sad because we cry, are happy because we laugh—the emotion following upon the vasomotor, respiratory, and other physiological changes. For the purposes of experiment the author studied a patient afflicted with the obsession of the fear of blushing and who constantly blushed in the presence of others. As a result of his observations on this case he concludes that physiological disturbances are always secondary to emotional states. This corresponds with the observed fact that often the vasomotor disturbance, for instance, will persist after the emotion has disappeared—an impossible state of affairs according to the James-Lange theory. One other patient who reacted strongly to emotions was also studied and gave the same results. In concluding the author observes that the emotional state is not produced by perceiving organic, respiratory, or circulatory disturbances. If this were so then disturbances of pulse, respiration, etc., would determine emotional states, and there would be a relation between their intensity and the emotion conditions which do not correspond to facts.

2. *The Feeling of the Already Seen and the Illusion of False Memory.*—The author begins with a short sketch of false memory—paramnesia. He traces its recognition to Pythagoras and more recently finds accounts of it in the writings of Dostoïewski, Tolstoi, Pierre Loti, Dickens, and Jules Lemaître. It has been scientifically treated by Wigan, Jansen and Sander, Horcwiz and Boirac, Pick, Ribot, Forel, Fouillée, Lalande and Dugas, Arnand, Kraepelin, Leroy, and Tobolowska. In a discussion of the facts of paramnesia it is shown that the memory is very specific in every case: the pose, expressions, gestures, inflexions of the voice all being fully recognized as having taken place before. These phenomena also occur only under conditions of fatigue—cerebral neurasthenia. The accompanying feeling is often one of curiosity, sometimes of indifference, occasionally of amusement. Sometimes the subject really has a feeling of fear. Paramnesia may be an epileptic aura and then is often associated with vertigo. Accompanying paramnesia is sometimes—one-tenth of the cases examined—a feeling of depersonalization. Everything seems obscure, strange, as in a dream, as if they had fallen on a new planet, the subject feels himself a stranger to all his perceptions, actions, memories.

The theories to account for paramnesia are taken up in detail. The theory that the paramnesia is a memory of a previous existence is discarded. The telepathic theory is criticised as explaining what is obscure by what is more obscure. Ribot's hypothesis that is merely an error, is held to be inadequate. The long since abandoned idea of the dual action of the two cerebral hemispheres put forth by Wigan and held later by Jansen and Mandeley is mentioned as a matter of history only. Fouillée believes paramnesia to be due to a temporal diplopia analagous to the special diplopia of disordered vision. Angel thinks the phenomena due to a delay between sensation and perception, so that when the sensation is finally perceived it appears old, as if already known. Bernard-Leroy and Tobolowska think that false memory is a false feeling. Memory presupposes a double representation, and when false is due to the false feeling associated with it.

After this statement of others' theories the author takes up the discussion himself with a view to explaining the phenomena on a rational basis. He concludes that the perception of reality requires a certain mental effort, effort of synthesis. In memory there is the lack of necessity for this mental work and the reality is grasped with greater facility. Cases which exhibit paramnesia view the external world much as one in a dream. Everything going on about them is as if on a stage, it is not synthetized with their personality, and seems to them strange, unreal. The mental work of synthesis being absent, the environment being perceived with the same facility as a memory not requiring synthesis, there arises the illusion that it is a memory, that the present has been perceived before.

(Vol. 7, 1903, No. 5, May.)

1. Researches and Observations of Alfred Maury on Dreams. N. VASCHIDE.
2. Two Cases of the Delusion of Pregnancy. CH. TEURIDAN.
3. Quantity of Albumin in the Cephalo-Rachidian Fluid in the Course of Some Diseases of the Mind in Particular General Paresis. L. MARCHAND.

1. *Dreams.*—Although Maury's work, "Le Sommcie et les Rêves," was published in 1878, many of the observations in it dating back as far as 1848, it still stands as a classic and very little that has been published more recently, but that embodies many of the conclusions expressed therein. Of the multitude of problems attacked by many in his work, the author reviews the principal. The analogy of the structure of the dream and that of the disordered mind is discussed, and Maury insists upon the incoherence of the two states as showing best their analogy. This incoherence he states, however, is more apparent than real, and dream ideas, like ideas of the insane, are founded on irrational associations that escape us on awaking. The hallucination of sleep is identical, he thinks, with the hypnogogic hallucination which often directs the course of the dream and is responsible for its incoherences. The prophetic previsions of dreams, and the sudden hallucinatory appearance of strange faces to the insane are phenomena of paramnesia. A final resemblance between the dream and mental alienation is shown in the fact that in both, phenomena of memory prevail over those of invention. Maury's original contributions to the subject of dreams was largely concerned with the results of introspection and the analysis of states of mind intermediate between sleeping and waking. His observations on hypnogogic hallucinations constitute the best part of his work. These hallucinations announce the approach of sleep. As sleep approaches the different senses more or less unequally suspended in their activities, the memory alone is as active and sometimes more active than during the waking moments. As this change is gradually going on, the hallucinations come and thought looses all voluntary direction and "the dreamer is no more free than the insane or intoxicated man." Then hypnogogic hallucinations form the starting point of dreams. For example, he saw in the half waking state a plate of food and a hand with a fork, a few moments afterwards having fallen quite asleep he imagined himself at a well served table and could hear the sound of the forks of his companions. These hallucinations of the half waking state he believes to be of peripheral origin and is often conditioned by fatigue. The hypnogogic hallucination has as its substratum an illusion, and it is only when the intellect is greatly disturbed that it can occur without this preceding illusion.

The hallucinations are more often visual, next in frequency auditory, while hallucinations of touch, taste and smell are rare.

2. *Delusion of Pregnancy.*—The subjects which present this delusion have no physical basis, such as increase in size, suppression of the menses, digestive troubles, to account for the idea as do hysterics who believe themselves pregnant. The true cases recorded show in common a fundamental condition of mental weakness in part constitutional, in part acquired.

3. *Albumin in Cephalo-Rachidian Fluid.*—From an examination of the cephalo-rachidian fluid in twenty-one insane persons the author reaches the following conclusions: (1) The cephalo-rachidian liquid in paretics contains in general a greater quantity of albumin than the normal fluid; (2) the quantity of albumin is not in relation with the period more or less advanced of the disease; (3) the quantity of albumin acquires a real diagnostic value only when it reaches one gram per liter or more; (4) the quantity of albumin in the cephalo-rachidian fluid of paretics can vary in an interval of a few days; (5) among no other insane persons examined was an amount of albumin found as great as one gram per liter.

(Vol. 7, 1903, No. 6, June.)

1. The International Congress of Neurology and Psychiatry. L. THIVET.
2. Senile Amnesia and Hysterical Flights. M. DUPRAT.
3. Measure of the Gustatory Sensations. L. MARCHAND.
4. Researches on the Light Reflex. DRS. TOULOUSE and VURPAS.

1. *International Congress.*—This paper is an excellent report in the form of abstracts of the various papers presented to the International Congress of Neurology and Psychiatry held in Madrid. The subject matter is well presented but in such form as not to lend itself to further abstraction.

2. *Senile Amnesia and Hysterical Flights.*—The flights of hysterics and epileptics have been studied especially with reference to the absence in normal consciousness of all memories relating to the flight. The author takes up the study of the flights of the senile to establish the causal relation between the loss of certain memories and the impulse of flight. Amnesia before the flight is no less worthy of attention than amnesia after the flight. Two cases are cited, one an old man who notes the absence of his grandchildren at meals, but is no sooner out of the dining-room than he speaks of them as in the house. The other case that of a senile dement who was taken from his home to another house. The new house has a continuous disagreeable effect upon him and he constantly seeks his home although he does not know where it is. The new home does not correspond to any of the old memories that keep recurring. From a study of such cases the author concludes that the incapacity to fix recent memories and revive recent states of consciousness permits of a high degree of vividness of the older memories and thus makes the flights out of harmony with present situations. The flight is not necessarily by itself a morbid phenomenon, it may not present disorder of thought, movement, or language, but it is characterized as abnormal because of its lack of adaptation to the environment. The article closes with a short discussion of the differentiation of senile from hysterical, epileptic and neurasthenic flights. Amnesia, which makes the mental images of the past control the acts of the present is the distinguishing and characteristic feature of the senile flight.

3. *Gustatory Sensations.*—An article devoted solely to the technic of testing the gustatory sense. It has little interest from a psychiatric standpoint and does not lend itself readily to abstraction.

4. *The Light Reflex.*—Both the qualitative and the quantitative reaction of the pupil to light varies according to the intensity of the stimulus. When the light is feeble the contraction is very noticeable, relatively to the previous state of dilatation. But this contraction does not last long. Almost immediately the pupil redilates but without reaching its original diameter. Thus we see alternate contractions and dilatations, a sort of struggle between the iris and the light stimulus. When the intensity of the light is much greater the phenomena are very different. Under these circumstances the contraction of the pupil is much more rapid, and the contraction continues without the alternate movements of contraction and dilatation observed when the light is feeble. These facts make it desirable to adopt a routine technic in pupillary examinations, examining in each case the reactions both to intense and to feeble light stimuli. The following points should be noted as a result of this examination: (1) The latent time or times separating the application of the stimulus from the beginning of the response; (2) the rapidity of the contraction; (3) the maximum contraction of the pupillary orifice; (4) the duration of the contraction. These various phenomena are only appreciable in a mild light, and such a light is best adapted for bringing out all the peculiarities of pupillary response. In certain cases, however, of pupillary paresis the subject should be examined in the full light of day and only under such conditions is one authorized to diagnose an absence of the light reflex.

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JAHRBUECHER FUER PSYCHIATRIE UND NEUROLOGIE

(Vol. xxiii, 1903, No. 3.)

1. The Results of the Electrical Examination in Progressive Paralysis and Dementia Senilis. Pilcz.
2. The Morphology of the Normal and the Pathological Spinal Cord and the Lateral Pyramidal Tract. Straussler.
3. The Nerve Cell Changes in Tetanus and their Interpretation. Sjoval.
4. Cerebral Syphilis. Probst.
5. Psychoses following Earthquakes. Phelps.

1. *Electrical Examination in Paresis and Senile Dementia.*—In a former paper Pilcz presented the data derived from the electrical examination, with graphic records of the muscle contractions in a certain number of acute mental cases. The present paper deals with the results of the examination of chronic cases, comprising 46 paretics and 8 senile dements. The expectation was that changes in the excitability of the peripheral nervous system would be found not because the cerebral changes which produced the disease would of itself lead to it, but that the whole organism in conjunction with the brain condition would carry with it changes in the peripheral nervous system and the muscular system as well. Results: Of the 46 paralytics 8 showed nothing abnormal. In 6 of them the examination was incomplete. In 32, or 80 per cent, there were changes in the electrical excitability found. The changes were for the most part in the lessening of the electrical excitability to both the galvanic and the faradic current. Of eight cases of senile dementia there were two normal.

2. An anatomical study not suitable for abstract.

3. *Cell Changes in Tetanus.*—This is a careful study of the microscopic appearances of the nervous system of a case of tetanus. A résumé of the previous work on the subject is first given. The sections were imbedded in paraffin cut very thin and stained with toluidin blue and erythrosin. The following results are noted by the author: The nerve